

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

# INDEX OF CLAIMS

✓ Rejected  
 " Allowed  
 - (Through numeral) Canceled  
 + Restricted

N Non-elected  
 I Interference  
 A Appeal  
 O Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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